



Blue Cross Blue Shield

John Michael Doe

Member ID: BCBS123456789

Group No: GRP001

DOB: 01/15/1980

**MRI Brain With Contrast
REQUIRES PRIOR AUTHORIZATION**

Plan Type

PPO (Preferred Provider Organization)

Eff. Date: 01/01/2024

Term. Date: 12/31/2024

Prior Authorization

Authorization ➔ www.bcbs.com/pa

Provider Portal <https://provider.bcbs.com>

Customer Service: (555) 800-BCBS